

PART B - FEE(S) TRANSMITTAL

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54953 7590 04/01/2011
BROOKS, CAMERON & HUEBSCH PLLC
1221 NICOLLET AVENUE
SUITE 500
MINNEAPOLIS, MN 55403



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Angela Miller	(Depositor's name)
St. Miller	(Signature)
April 11, 2011	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/784,378	02/23/2004	George Goicocchea	94-P02731JS23	8809

TITLE OF INVENTION: BIFURCATED ENDOLUMINAL PROSTHESIS

APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$0	\$0	\$1510	\$0	07/01/2011
				04/12/2011 HUUONG2	00000009 10784378	
EXAMINER	ART UNIT	CLASS-SUBCLASS		01 FC:1501	1510.00 OP	
BUI, VY Q	3773	623-001110				

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

2. For printing on the patent front page, list
(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,
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"Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

1. Brooks, Cameron + Huebsch PLLC
2. 1221 Nicollet Avenue, Suite 500
3. Minneapolis, MN 55403

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

Scimed Life Systems, Inc.

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Maple Grove, MN

Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Government

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 Publication Fee (No small entity discount permitted)
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Authorized Signature

Date April 11, 2011

Typed or printed name

Kevin G. Waddick

Registration No. 57,007

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